

## **Hospice Care Standards of Care**

### **Definition:**

Provision of Hospice Care provided by licensed hospice care providers to clients in the terminal stages of illness, in a home or other residential setting, including a non-acute-care section of a hospital that has been designated and staffed to provide hospice care for terminal patients.

### **Limitations:**

Ryan White/State Service funds may not be used for funeral, burial, cremation, or related expenses. Funds may not be used for nutritional services, durable medical equipment and medical supplies or case management services.

### **Services:**

Hospice services include, but are not limited to, the palliation and management of the terminal illness and conditions related to the terminal illness. Allowable Ryan White/State Services funded services are:

- Room
- Board
- Nursing care
- Mental health counseling, to include bereavement counseling
- Physician services
- Palliative therapeutics

## Agency/Personnel /Staff Training

Staff Qualification	Expected Practice
<b>License with AIDS Hospice Designation</b> Agency/provider is a licensed hospital/facility and maintains a valid State license with a residential AIDS Hospice designation, or is certified as a Special Care Facility with Hospice designation.	License and/or certification will be posted in a conspicuous place at the site where services are provided to patients.
<b>Staff Credentials</b> All hospice care staff who provide direct-care services and who require licensure or certification, must be properly licensed or certified by the State of Texas. .	Personnel files reflect requisite licensure or certification.
<b>Staff Education</b> Agency shall employ staff who are trained and experienced in their area of practice and remain current in end of life issues as it relates to HIV/AIDS.  Staff shall maintain knowledge of psychosocial and end of life issues that may impact the needs of persons living with HIV/AIDS	Staff will attend and has continued access to training activities : -Staff has access to updated HIV/AIDS information : -Agency maintains system for dissemination of HIV/AIDS information relevant to the needs of PLWHA to paid staff and volunteers. -Agency will document provision of in-service education to staff regarding current treatment methodologies and promising practices.
<b>Supervision</b> Hospice services must be provided under the supervision of a provider and/or advanced practice registered nurse.	Documentation that supervisory provider or advanced practice registered nurse provided supervision over other staff members.

## Standards of Care

Standard	Measure
<p><b>Intake and Service Eligibility</b> According to the HRSA HIV National Monitoring Standards, eligibility for services must be determined.</p>	<p>Agency will receive referrals from a broad range of HIV/AIDS service providers.</p> <p>Eligibility information will be obtained from the referral source and will include:</p> <ul style="list-style-type: none"> <li>- Contact and identifying information (name, address, phone, birth date, etc.)</li> <li>-Language(s) spoken</li> <li>-Literacy level (client self-report)</li> <li>-Demographics</li> <li>-Emergency contact</li> <li>-Household members</li> <li>-Pertinent releases of information</li> <li>-Documentation of insurance status</li> <li>-Documentation of income (including a “zero income” statement)</li> <li>-Documentation of state residency</li> <li>-Documentation of proof of HIV positivity</li> <li>-Photo ID or two other forms of identification</li> <li>-Acknowledgement of client’s rights</li> </ul> <p>The client's eligibility must be recertified for the program every six (6) months.</p>
<p><b>Eligibility for Hospice</b></p>	<p>Provider must certify that a client is terminal, defined under Medicaid hospice regulations as having a life expectancy of six (6) months or less.</p> <ul style="list-style-type: none"> <li>- The certification must specify that the individual's prognosis is for a life expectancy of six (6) months or less if the terminal illness runs its normal course.</li> <li>-The certification statement must be based on record review or consultation with the referring provider.</li> </ul> <p>The referring provider must provide orders verbally and in writing to the Hospice provider prior to the initiation of care and act as that patient’s primary care physician.</p> <p>The hospice provider may elect to refuse a referral for reasons which include, but are not limited to, the following:</p> <ul style="list-style-type: none"> <li>-There are no beds available</li> <li>-Level of patient’s acuity and staffing limitations</li> <li>-Patient is aggressive and a danger to the staff</li> </ul>

	-Patient is a “no show”
<b>Provision of Services</b> Services are provided in accordance with National Monitoring Standards meeting Texas Medicaid Standards for counseling and palliative therapies.	<p>Provider orders are transcribed and noted by attending nurse.</p> <p>-A comprehensive health assessment is completed for each client within 48 hours of admission.</p> <ul style="list-style-type: none"> <li>Identifies the patient’s need for hospice services in the areas of medical, nursing, social, emotional, and spiritual care.</li> </ul> <p>-A written care plan based on the provider’s orders is completed for each client within seven (7) days of admission and reviewed monthly.</p> <p>- Hospice provider will maintain a consistent plan of care and communicate changes from the initial plan to the referring provider.</p> <p>Palliative therapy is care designed to relieve or reduce intensity of uncomfortable symptoms but not to produce a cure.</p> <p>Hospice provider documents each client’s scheduled medications, including dosage and frequency.</p> <p>-HIV medications may be prescribed if discontinuance would result in adverse physical or psychological effects.</p> <p>Hospice provider documents needed (PRN) medications for clients and includes client’s name, dose, route, reason, and outcome.</p> <p>The need for bereavement and counseling services for family members must be consistent with definition of mental health counseling.</p> <p>- Counseling services must include bereavement, dietary, and spiritual counseling.</p> <ul style="list-style-type: none"> <li>Bereavement counseling means emotional, psychosocial, and spiritual support and services provided before and after the death of the patient to assist with issues related to grief, loss, and adjustment.</li> <li>A hospice must have an organized program for the provision of bereavement services furnished under the supervision of a qualified professional with experience or education in grief or loss counseling.</li> <li>A hospice must: <ul style="list-style-type: none"> <li>develop a bereavement plan of care that notes the kind of</li> </ul> </li> </ul>

	<p>bereavement services to be offered to the patient's family and other persons and the frequency of service delivery;</p> <ul style="list-style-type: none"> <li>○ make bereavement services available to a patient's family and other persons in the bereavement plan of care for up to one year following the death of the patient;</li> <li>○ extend bereavement counseling to residents of a skilled nursing facility, a nursing facility, or an intermediate care facility for individuals with an intellectual disability or related conditions when appropriate and as identified in the bereavement plan of care;</li> <li>○ ensure that bereavement services reflect the needs of the bereaved.</li> </ul> <ul style="list-style-type: none"> <li>• Dietary counseling means education and interventions provided to a patient and family regarding appropriate nutritional intake as a hospice patient's condition progresses. Dietary counseling, when identified in the plan of care, must be performed by a qualified person. <ul style="list-style-type: none"> <li>○ A qualified person includes a dietitian, nutritionist, or registered nurse. A person that provides dietary counseling must be appropriately trained and qualified to address and assure that the specific dietary needs of a client are met.</li> </ul> </li> <li>• Spiritual counseling. A hospice must provide spiritual counseling that meets the patient's and the family's spiritual needs in accordance with their acceptance of this service and in a manner consistent with their beliefs and desires. A hospice must: <ul style="list-style-type: none"> <li>○ provide an assessment of the client's and family's spiritual needs;</li> <li>○ make all reasonable efforts to the best of the hospice's ability to facilitate visits by local clergy, a pastoral counselor, or other persons who can support a client's spiritual needs; and</li> <li>○ advise the client and family of the</li> </ul> </li> </ul>
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	<p>availability of spiritual counseling services.</p> <ul style="list-style-type: none"> <li>- Mental health counseling should be solution focused; outcomes oriented and time limited set of activities for the purpose of achieving goals identified in the patient's individual treatment plan.</li> <li>-Medical social services must be provided by a qualified social worker. and is based on: <ul style="list-style-type: none"> <li>• The patient's and family's needs as identified in the patient's psychosocial assessment</li> <li>• The patient's and family's acceptance of these services.</li> </ul> </li> </ul>
<p><b>Discharge</b> Agency will develop discharge criteria and procedures.</p>	<p>An individual is deemed no longer to be in need of hospice services if one or more of these criteria is met:</p> <ul style="list-style-type: none"> <li>-Patient expires.</li> <li>-Patient's medical condition improves and hospice care is no longer necessary.</li> <li>-Patient elects to be discharged.</li> <li>-Patient is discharged for cause.</li> <li>-Patient is transferred out of provider's facility.</li> </ul>
<p><b>Documentation in Clients Chart</b></p>	<p>The following will be documented in the agency's client record.</p> <ul style="list-style-type: none"> <li>-All intake and eligibility documentation, to include at a minimum: <ul style="list-style-type: none"> <li>• Documentation of HIV diagnosis</li> <li>• Proof of residency</li> <li>• Verification of financial eligibility</li> <li>• Client demographics</li> <li>• Intake and assessment information</li> </ul> </li> <li>-Written certification of need for hospice care</li> <li>-Documentation of reason for discharge</li> </ul>

## References

HRSA/HAB Division of Metropolitan HIV/AIDS Programs Program Monitoring Standards – Part A  
April 2013, p. 16-18.

HRSA/HAB Division of State HIV/AIDS Programs National Monitoring Standards – Program Part B  
April, 201, p. 15-17.

Texas Administrative code Title 40; Part 1; Chapter 97, Subchapter H Standards Specific to Agencies  
Licensed to Provide Hospice Services located at:  
[http://texreg.sos.state.tx.us/public/readtac\\$ext.TacPage?sl=R&app=9&p\\_dir=&p\\_rloc=&p\\_tloc=&p\\_ploc=&pg=1&p\\_tac=&ti=40&pt=1&ch=97&rl=834](http://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=40&pt=1&ch=97&rl=834)

Texas Department of Aging and Disability Services Texas Medicaid Hospice Program Standards  
Handbook. Located at <http://www.dads.state.tx.us/handbooks/mhps/30.htm>